

Case Number:	CM13-0060545		
Date Assigned:	12/30/2013	Date of Injury:	02/17/2010
Decision Date:	05/15/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Acupuncture and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 44 y/o male patient with pain complains of the thumb and wrist. Diagnoses included carpal tunnel. Previous treatments: right carpal tunnel release (CTR), splinting, bracing, oral medication, chiropractic-physical therapy, and work modifications amongst others. A request for acupuncture x12 was made on 11-15-13 by the PTP.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

12 ACUPUNCTURE VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265,270,Acupuncture Treatment Guidelines,Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The surgery has been requested, but not authorized yet, therefore the medical condition postsurgical is unknown and any care requested for postsurgical rehabilitation is not supported for medical necessity. Also the PTP requested 12 sessions, which is significantly more than the number recommended by the guidelines without documenting any extraordinary circumstances, the request is seen as excessive. Based on the previously mentioned issues, the request for acupuncture x12 is not supported for medical necessity.

